

**Fill in this information to identify the case:**Debtor name **Latin Productions, Inc.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**Case number (if known) **3:20-bk-05525**

☒ Check if this is an  
amended filing

**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>IRS CNTRLZD INSOLVENCY OPRTN PO BOX 7346 PHILADELPHIA, PA 19101-7346</b>	<b>Unknown</b>	<b>Unknown</b>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred		
	Basis for the claim:		
	Last 4 digits of account number		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>TN DEPT LBR WRK FRC DEV C/O TN ATTY GEN BK UNIT PO BOX 20207 NASHVILLE, TN 37202</b>	<b>Unknown</b>	<b>Unknown</b>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred		
	Basis for the claim:		
	Last 4 digits of account number		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Name

2.3	Priority creditor's name and mailing address <b>TN Dept of Revenue</b> <b>c/o TN Attorney Generals Office</b> <b>PO Box 20207</b> <b>Nashville, TN 37202</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred _____		Basis for the claim: _____		
Last 4 digits of account number _____		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>AMERICAN EXPRESS</b> <b>ATTN: BANKRUPTCY DEPT</b> <b>PO BOX 981535</b> <b>EI PASO, TX 79998</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,857.28</b>
3.2	Nonpriority creditor's name and mailing address <b>ASCAP</b> <b>21678 NETWORK PLACE</b> <b>Chicago, IL 60673-1216</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,309.06</b>
3.3	Nonpriority creditor's name and mailing address <b>BMI</b> <b>10 Music Square E</b> <b>Nashville, TN 37203</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,493.85</b>
3.4	Nonpriority creditor's name and mailing address <b>COMCAST</b> <b>PO BOX 71211</b> <b>CHARLOTTE NC 28272</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$506.00</b>
3.5	Nonpriority creditor's name and mailing address <b>Liberty Mutual</b> <b>PO Box 91018</b> <b>Chicago, IL 60680</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,200.00</b>

<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> <b>NASHVILLE ELECTRIC SERVICE</b> <b>1214 CHURCH ST</b> <b>NASHVILLE TN 37246</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$500.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.7</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Quinton Peoples</b> <b>c/o James P McNamara</b> <b>810 Broadway, Suite 105</b> <b>Nashville, TN 37203</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>Unknown</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.8</b>	<b>Nonpriority creditor's name and mailing address</b> <b>SESAC</b> <b>PO Box 5246</b> <b>New York, NY 10008</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$568.56</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.9</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Triple Z Properties</b> <b>2111 Nolensville Pike</b> <b>Nashville, TN 37211</b>  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$558,000.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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**Part 3: List Others to Be Notified About Unsecured Claims**

**4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	<b>Name and mailing address</b>	<b>On which line in Part1 or Part 2 is the related creditor (if any) listed?</b>	<b>Last 4 digits of account number, if any</b>
4.1	<b>AMERICAN EXPRESS</b> <b>PO BOX 650448</b> <b>Dallas, TX 75265</b>	Line <u>3.1</u>  <input type="checkbox"/> Not listed. Explain <u>          </u>	—
4.2	<b>DAVIDSON CO CIRCUIT COURT</b> <b>PO BOX 196303</b> <b>NASHVILLE TN 37219</b>	Line <u>3.7</u>  <input type="checkbox"/> Not listed. Explain <u>          </u>	—
4.3	<b>Tn Dept of Revenue</b> <b>Taxpayer Services Division</b> <b>500 Deaderick St</b> <b>Nashville, TN 37242</b>	Line <u>2.3</u>  <input type="checkbox"/> Not listed. Explain <u>          </u>	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

**5. Add the amounts of priority and nonpriority unsecured claims.**

	<b>Total of claim amounts</b>
5a. Total claims from Part 1	5a. \$ <b>0.00</b>
5b. Total claims from Part 2	5b. + \$ <b>591,434.75</b>

Debtor **Latin Productions, Inc.**  
Name

Case number (if known) **3:20-bk-05525**

**5c. Total of Parts 1 and 2**  
Lines 5a + 5b = 5c.

5c.

\$	<b>591,434.75</b>
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